Under the Paperson Reduction Act of 1895, no persons are required to respond to a collection of information unless & displays a valid CMB control number. U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 04 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FALED NUMBER EXTRA RATE (S FEE (1) RATE (\$) FEE (I) BASIC FEE N/A PUA 150.00 ()7 CFR 1 18(H) (0) 00 (c)) NA 300.00 SEARCHFEE NA NA \$250 NIA (37 CFR 1 18(N. (4. or (m)) NA \$500 EXAMINATION FEE N/A NIA 137 CFR 1 10(a), (a), or (a)) \$100 NIA \$200 TOTAL CLAMS X\$ 25 (37.OFR 1 16(4) X\$50 munus 20 • OR INDEPENDENT CLAIMS X100 C aunum (37 CFR 1 16(N)) X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FFF 137 CFR 1 15(U) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) +180= +360= " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II . OTHER THAN OR (Column 1) (Column 2) (Column 3): SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT MAMAFR RATE (S) ADDI-RATE(S) ADO: AFTER PREVIOUSLY 120/05 **EXTRA** TIONAL TIONAL **AMENOMENT** PAID FOR FEE (S) FEE (1) Total Minus 30 20 ENDM X\$ 25 X\$50 OR . Minus X100 X200 S Application Size Fee (37 CFR 1.16(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(8)) +180= +360= OR TOTAL TOTAL ADD'L FEE ADO'L FEE 3-27-08 (Column 1) (Column 3) (Column 21 CLAIMS HIGHEST 0 REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (\$) ADOL-AFTER. EXTRA PREVIOUSLY AMENDMENT TICHAL TIONAL **AMENDMENT** PAID FOR FEE (5) Total (37 CFR, L15(1) FEE (5) Minus *30* X\$ 25 X\$50 OR X100 X200 OR Application Size Fee (37 CFR 1.16(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1. (60)) +180= +360± OR

If the entry in column 1 is less than the entry in column 2, write "I' in column 3.

If the "Righest Number Previously Paid For" IN THIS SPACE is liess than 20, enter "20".

If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Trighest Number Previously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1. is explication of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

PTO to process) en application. Confidentiably is governed by 35 U.S.C. 122 and 37 GFR 1.14. This collection is estimated to take 12 minutes to complete. belong gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Internation Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abstancidie, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

TOTAL

ADD'L FEE

OR